

華語文能力測驗考生旅遊史及健康聲明書

TOCFL TRAVEL HISTORY AND HEALTH DECLARATION FORM

我參加 2020 年_____月_____日華語文能力測驗，為因應新型冠狀病毒肺炎（武漢肺炎），將誠實填寫以下內容。

In response to the prevailing novel coronavirus pneumonia (a.k.a. COVID-19), I, _____ (your name), will comply with the ROC epidemic prevention measures and honestly provide my travel history and relevant health information in this form.

考前 14 天內依規定居家隔離或居家檢疫。 I have been notified by the relevant authorities to isolate at home or quarantine at home at any time within 14 days prior to the test date.	<input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no
考試當日有發燒，咳嗽，頭痛，喉嚨痛，及失去嗅覺，味覺，不明原因嘔腹道症狀。 On the day of the test I had a fever, cough, headache, or sore throat, and experienced some loss of smell or taste, or had diarrhea for an unknown reason.	<input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no

請注意 Notice：

一、若有上述情形，不得參加考試。請於考後一週內，提供相關就醫證明，傳送本組信箱 bildung@taipei.at，我們將全額退還測驗報名費用，逾期恕不受理。

If one answer to the above inquiry is positive, you will not be allowed to take the test. In this case, please send us relevant health documents within one week after the test via email (bildung@taipei.at). We will fully refund your test registration fee. No refund will be provided if relevant documents are not sent to us within the aforementioned period.

二、考試當日，請於測驗時間提早 20 分鐘抵達，當日防疫措施如下：

Please arrive at the test center/site 20 minutes before the test time. All test takers have to comply with the following epidemic prevention procedure:

(一) 測量體溫（額溫超過攝氏 37 度，無法參加考試）

The test proctors will take your temperature (as noted above, if your forehead temperature is higher than 37 °C, you will not be allowed to take the test);

(二) 請於這份聲明書上簽名，進入試場時交給監試人員。

Please sign and hand in this form to the proctors prior to entering the test room;

(三) 進入試場前，請您配戴**口罩**及於雙手噴上**抗菌液**，才可以進入試場。

You have to put on your mask and spray antibacterial fluid on your hands as an additional precaution measure before entering the test room.

三、提醒您，如有疑似新冠肺炎(武漢肺炎)症狀，請打服務專線 1450。

If you experience any symptoms of COVID-19, please call the service hotline 1450.

I voluntarily agree to provide the information requested above.

I will hand in this form to the proctor when entering the test room.

If I test positive for COVID-19 within 14 days after the TOCFL test, I will notify Education

Division, TECO in Austria.

I understand that the personal information TECO in Austria collects will be kept strictly confidential.

中文簽名 signature in Chinese：

外文簽名 signature in your first language：

出生日期 Date of birth：

年 year

月 month

日 date